



Quick Start Guide for Submitting Professional Claims via WAMedWeb

1. Login to the WAMedWeb and select **Claim Admin** from the Submission menu on the WAMedWeb Home page.

https://wamedweb.acs-inc.com/wa/secure/home.do - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Mail Print

Address https://wamedweb.acs-inc.com/wa/secure/home.do

DSHS Washington State Department of Social & Health Services

Washington State WAMedWeb

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

ACS WASHINGTON WEB PORT

WAMedWeb Home

Navigate to any of the functions in the Web portal by clicking the following links or by using the top navigation bar. For information about each function, click the corresponding column header. Click on 'My Profile,' located in the 'My Access' section, to display your current WAMedWeb profile. You will be able to perform only those tasks allowed by the user privileges assigned to you.

Site Contents

Inquiries	Submissions	Retrievals	Manage Users	My Access
Eligibility Inquiry	Prior Authorization	View/Download Files	Add New User to Organization	My Profile
Claim Status Inquiry	Upload Files		Add Existing User to Organization	Change Organization
Provider Warrant Summary	Claim Admin		Update or Remove Users	Change Password
			Reset Password	Manage Proxies
				Manage Submitter IDs

You've logged into the organization displayed under the navigation bar on the right. This organization will be used to determine the Provider Number and Submitter IDs you can use for your transactions (i.e., Inquiries, Submissions and Retrievals). To change this organization, click 'Change Organization' and follow the instructions.

2. The WAMedWeb will present the **Claims** screen.

https://wamedweb.acs-inc.com/wa/secure/claims.do - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Search Favorites Media Mail Print

Address https://wamedweb.acs-inc.com/wa/secure/claims.do

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Washington State WAMedWeb

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

ACS WASHINGTON WEB PORT

Home > Claims

Claims


The menu options on this page allow you to create, edit, delete, submit and resubmit Professional, Institutional and Dental claims. They also provide you with a means of creating, saving, editing and deleting claim templates, which are partially completed claim forms containing information regularly used in various types of claims (such as a provider's address or identifying information).

Create Claims	Manage Claims	Create Templates	Manage Templates
Create Professional Claim	Edit/Delete Saved Claim	Create Professional Template	View/Edit/Delete Template
Create Institutional Claim	View Submitted Claims	Create Institutional Template	
Create Dental Claim		Create Dental Template	
Create Claim From Template			
Create Claim From Submitted Claim			

Professional Claim:

- Click on the Create Professional Claim link and follow the instructions on the screen. Be sure to satisfy the required criteria for each element of the claim that you are submitting.

Fields with a red asterisk require completion!

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Washington State WAMedWeb

[Home](#) > [Claims](#) > Medicaid Professional Claim

Medicaid Professional Claim

Note: asterisks (*) denote required fields. [Billing Instructions](#)

Basic Claim Info | **Other Claim Info**

Billing Provider | Subscriber | Claim | Service

? Are you resubmitting this claim? ☐ Yes ☐ No Submitter ID: 100019

PROVIDER INFORMATION

Go to [Other Claim Info](#) to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Medicaid Provider ID: 1000050

+ **Additional Billing Provider Information**

? Is the Billing Provider also the Pay-To Provider? ☐ Yes ☐ No

? Is the Billing Provider or Pay-To Provider also the Rendering Provider? ☐ Yes ☐ No

? Is this service the result of a referral? ☐ Yes ☐ No

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SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Patient Identification Code (PIC):

+ **Additional Subscriber/Client Information**

? Is this claim for a Baby on Mom's PIC? ☐ Yes ☐ No

? Does the subscriber have insurance other than Medicaid? ☐ Yes ☐ No

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CLAIM INFORMATION

Go to [Other Claim Info](#) to include the following claim detail information:
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

+ **PRIOR AUTHORIZATION**

+ **CLAIM NOTE**

+ **EPSDT INFORMATION**

? Is this claim accident related? ☐ Yes ☐ No

CLAIM DATAPatient Account No.: **+ Additional Claim Data**Diagnosis Codes: * 1: 2: 3: 4:
5: 6: 7: 8: [Top](#)**BASIC LINE ITEM INFORMATION**

Click on Other Svc Info in each line item to include the following additional line item information: Attachment, Drug, DMERC Condition, Health Services, Contract, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

* Service Date From: mm dd ccyy To: mm dd ccyy

* Place of Service:

* Procedure Code: Modifiers: 1: 2: 3: 4:

* Submitted Charges: \$ Diagnosis Pointers: *1: 2: 3: 4:

* Units:

+ Prior Authorization**+ Additional Service Line Information**

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

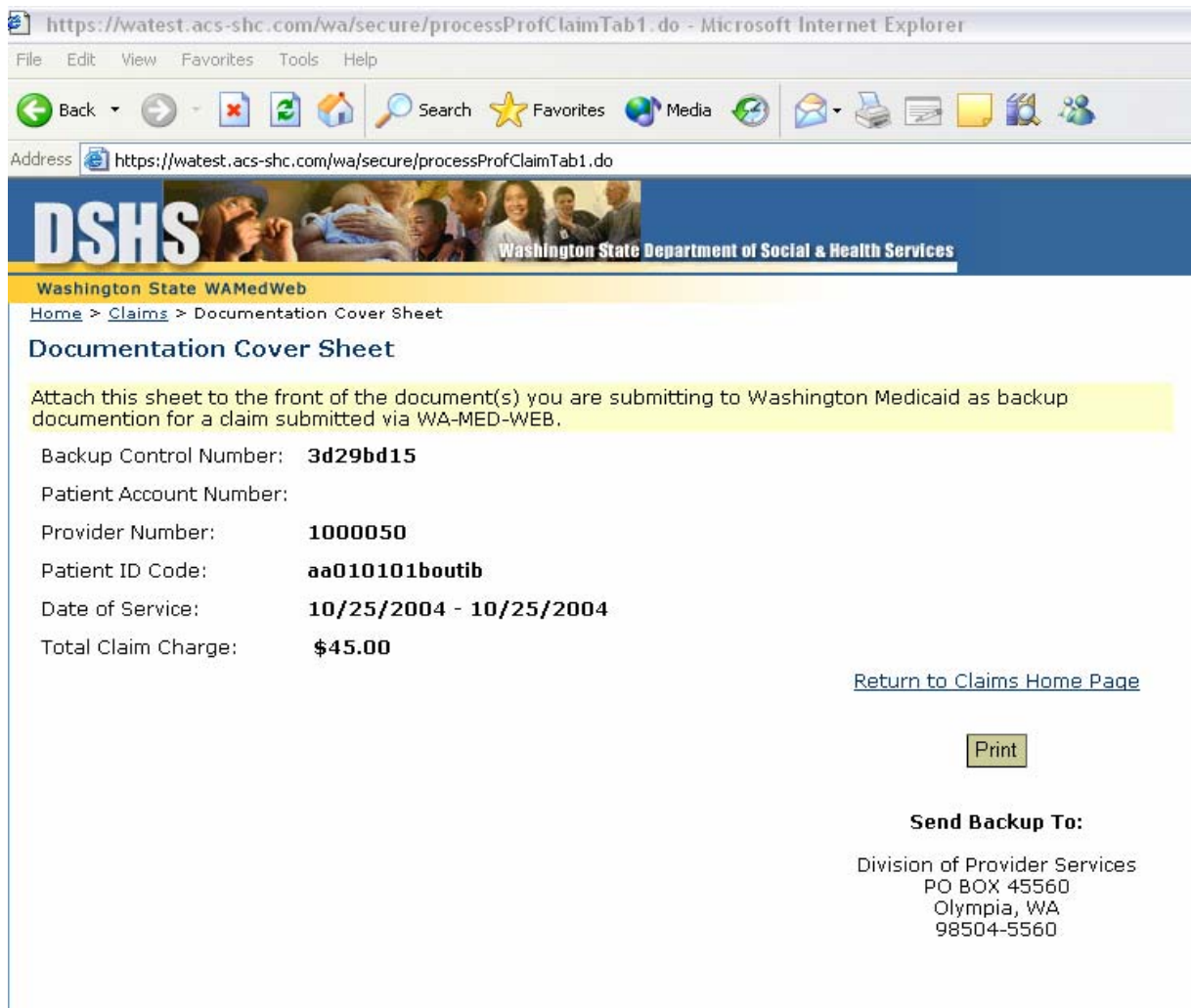
Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$0.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntns				Submitted Charges	Units
	From	To		1	2	3	4	1	2	3	4		

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4. Select the **Add Service Line** Item button to add the claim line items.
5. After you have completed all the appropriate fields and added your line items, select the **Submit Claim** button.



6. A **Documentation Cover Sheet** screen will be displayed. Print this sheet and attached it to any backup documentation that you may be sending to the Medical Assistance Administration. *This is only necessary if you are sending claim backup to MAA.*

7. Click on the [Return to Claims Home Page](#) link to begin your next claim.

Professional Claim Templates:

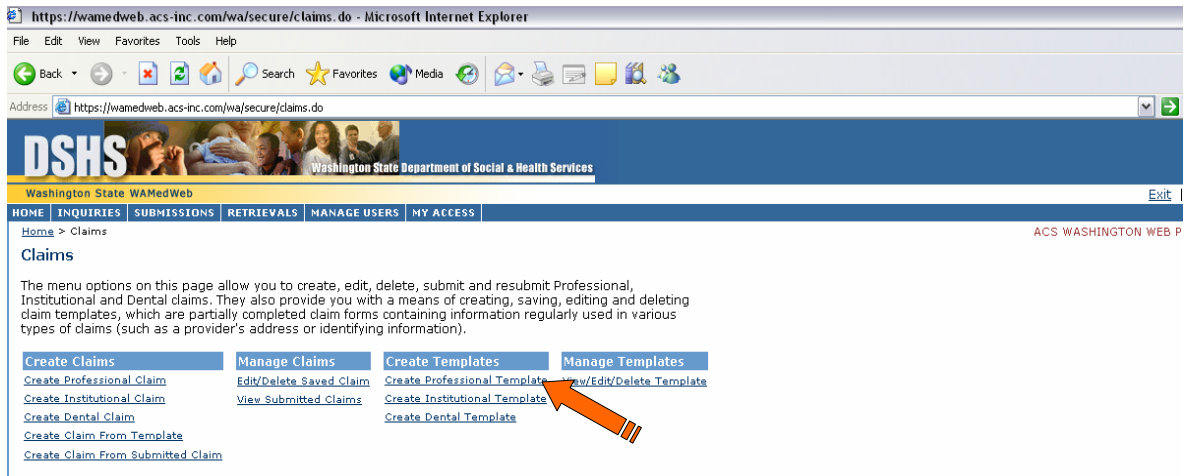
Utilizing Professional Templates can provide added convenience to the electronic claims submission process. The Templates are similar to the claims screens, but allow the user to save and reproduce specific data elements for repeated use. For example, you may choose to set up a template for a specific type of office visit that requires frequent billing and only need to change the patient information.

To set up your templates:

1. Login to the WAMedWeb and select **Claim Admin** from the Submission menu on the WAMedWeb Home page to access the claims administration options of the WAMedWeb.




2. The WAMedWeb will present the Claims screen.



3. Select the **Create Professional Template** link.

4. Enter the template Name.

5. The Template Screen will be displayed. Complete the fields that are most often billed and save the template for future use.

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Washington State WAMedWeb

[Home](#) > [Claims](#) > Medicaid Professional Claim

Medicaid Professional Template

Note: asterisks (*) denote required fields. [Billing Instructions](#)

Basic Claim Info | **Other Claim Info**

Billing Provider | Subscriber | Claim | Service

☒ Are you resubmitting this claim? ☐ Yes ☐ No Submitter ID: 100019

PROVIDER INFORMATION

Go to [Other Claim Info](#) to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Medicaid Provider ID: 1000050

☒ **Additional Billing Provider Information**

☒ Is the Billing Provider also the Pay-To Provider? ☐ Yes ☐ No

☒ Is the Billing Provider or Pay-To Provider also the Rendering Provider? ☐ Yes ☐ No

☐ Is this service the result of a referral? ☐ Yes ☒ No

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SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Patient Identification Code (PIC):

☒ **Additional Subscriber/Client Information**

☐ Is this claim for a Baby on Mom's PIC? ☐ Yes ☒ No

☐ Does the subscriber have insurance other than Medicaid? ☐ Yes ☒ No

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CLAIM INFORMATION

Go to [Other Claim Info](#) to include the following claim detail information:
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

☒ **PRIOR AUTHORIZATION**

☒ **CLAIM NOTE**

☒ **EPSDT INFORMATION**

☐ Is this claim accident related? ☐ Yes ☒ No

☐ Does this claim have backup documentation? ☐ Yes ☒ No

CLAIM DATA

Patient Account No.:

+ Additional Claim Data

Diagnosis Codes: * 1: 2: 3: 4:
5: 6: 7: 8:

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BASIC LINE ITEM INFORMATION

Click on Other Svc Info in each line item to include the following additional line item information: Attachment, Drug, DMERC Condition, Health Services, Contract, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

* Service Date From: mm dd ccyy To: mm dd ccyy
01 01 2000 To: 01 01 2000

* Place of Service: 11:Office

* Procedure Code: 90050 Modifiers: 1: 2: 3: 4:

* Submitted Charges: \$ 50.00 Diagnosis Pointers: *1: 2: 3: 4:

* Units: 1

+ Prior Authorization

+ Additional Service Line Information

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$0.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntns				Submitted Charges	Units
	From	To		1	2	3	4	1	2	3	4		

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Saved templates can be deleted or modified by accessing the **Manage Templates** option on the **Claims** screen.

DSHS Washington State Department of Social & Health Services

Washington State WAMedWeb

HOME INQUIRIES SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS

Home > Claims

Claims

The menu options on this page allow you to create, edit, delete, submit and resubmit Professional, Institutional and Dental claims. They also provide you with a means of creating, saving, editing and deleting claim templates, which are partially completed claim forms containing information regularly used in various types of claims (such as a provider's address or identifying information).

Create Claims

Create Professional Claim

Create Institutional Claim

Create Dental Claim

Create Claim From Template

Create Claim From Submitted Claim

Manage Claims

Edit/Delete Saved Claim

View Submitted Claims

Create Templates


Create Professional Template

Create Institutional Template

Create Dental Template

Manage Templates

View/Edit/Delete Template



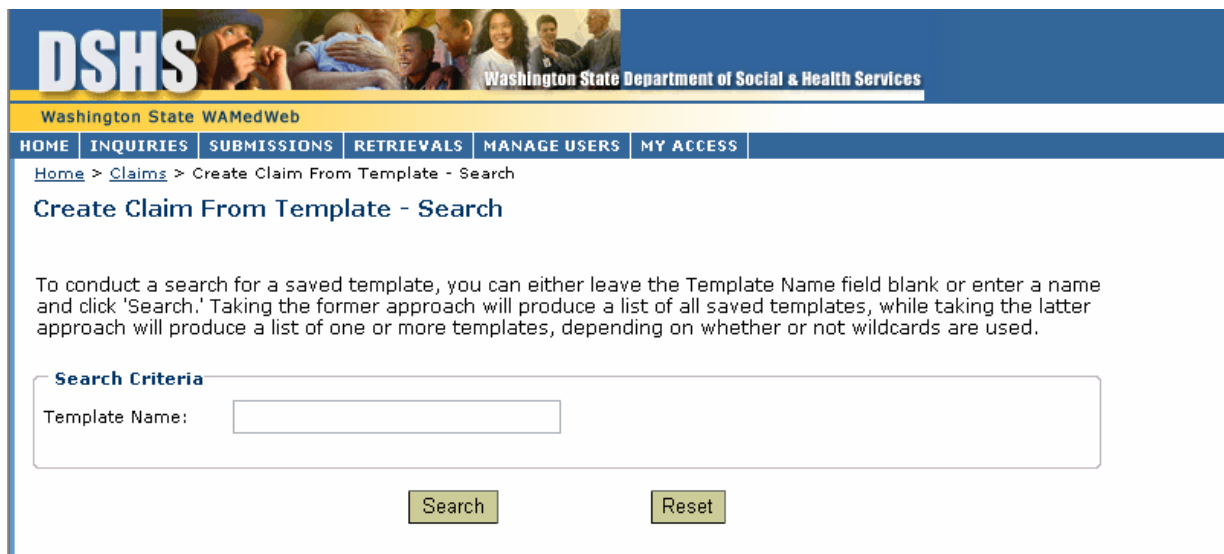
Creating Claims Using Templates:

1. Select the **Create Claim from Template** option shown on the **Claims** Screen.





The screenshot shows the Washington State WAMedWeb interface. At the top is the DSHS logo and the text 'Washington State Department of Social & Health Services'. Below this is a navigation bar with links: HOME, INQUIRIES, SUBMISSIONS, RETRIEVALS, MANAGE USERS, and MY ACCESS. The breadcrumb trail reads 'Home > Claims'. The main heading is 'Claims'. A paragraph explains that the menu options allow creating, editing, deleting, submitting, and resubmitting Professional, Institutional, and Dental claims, as well as creating, saving, editing, and deleting claim templates. There are four main sections: 'Create Claims', 'Manage Claims', 'Create Templates', and 'Manage Templates'. The 'Create Claims' section contains links: 'Create Professional Claim', 'Create Institutional Claim', 'Create Dental Claim', 'Create Claim From Template' (highlighted by an orange arrow), and 'Create Claim From Submitted Claim'. The 'Manage Claims' section contains 'Edit/Delete Saved Claim' and 'View Submitted Claims'. The 'Create Templates' section contains 'Create Professional Template', 'Create Institutional Template', and 'Create Dental Template'. The 'Manage Templates' section contains 'View/Edit/Delete Template'.

2. Enter the Template Name (*if known*) and click on search. Clicking search without entering a Template Name will return a list of all templates for you to choose from.



The screenshot shows the 'Create Claim From Template - Search' screen. At the top is the DSHS logo and the text 'Washington State Department of Social & Health Services'. Below this is a navigation bar with links: HOME, INQUIRIES, SUBMISSIONS, RETRIEVALS, MANAGE USERS, and MY ACCESS. The breadcrumb trail reads 'Home > Claims > Create Claim From Template - Search'. The main heading is 'Create Claim From Template - Search'. A paragraph explains that to conduct a search for a saved template, you can either leave the Template Name field blank or enter a name and click 'Search.' Taking the former approach will produce a list of all saved templates, while taking the latter approach will produce a list of one or more templates, depending on whether or not wildcards are used. There is a 'Search Criteria' section with a 'Template Name:' label and a text input field. Below the input field are two buttons: 'Search' and 'Reset'.

3. Click on the desired Template Name to open the template for use.

Washington State WAMedWeb

[HOME](#) | [INQUIRIES](#) | [SUBMISSIONS](#) | [RETRIEVALS](#) | [MANAGE USERS](#) | [MY ACCESS](#)

[Home](#) > [Claims](#) > [Create Claim From Template - Search](#) > Create Claim From Template
 ACS WAS



Create Claim From Template

Below is a list of templates that met your search criteria for the Organization under which you are presently logged in. To create a new claim from a template, click the associated with it to bring it up in a Web form.

Templates Retrieved Using Search Criteria

Template Name	Type	Last Update	Last Updated By
Christopher	Professional	10/26/2004	nguyect
OFFICE VISIT BRIEF	Professional	10/26/2004	boutib
OFFICE VISIT LIMITED	Professional	10/26/2004	boutib
test	Professional	10/25/2004	rgupta

4. The Medical Professional Claim Screen will be presented. Complete the required fields.

Washington State WAMedWeb

[Home](#) > [Claims](#) > Medicaid Professional Claim

Medicaid Professional Claim

Note: asterisks (*) denote required fields. [Billing Instructions](#)

Basic Claim Info

Other Claim Info

Billing Provider | Subscriber | Claim | Service

☒ Are you resubmitting this claim?
 ☐ Yes
 ☐ No
 Submitter ID:

PROVIDER INFORMATION

Go to [Other Claim Info](#) to enter information for Referring, Purchasing, Supervising and other providers.

BILLING PROVIDER

* Medicaid Provider ID:

+

Additional Billing Provider Information

☒ Is the Billing Provider also the Pay-To Provider?
 ☐ Yes
 ☐ No

☒ Is the Billing Provider or Pay-To Provider also the Rendering Provider?
 ☐ Yes
 ☐ No

☒ Is this service the result of a referral?
 ☐ Yes
 ☐ No

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SUBSCRIBER/CLIENT INFORMATION

SUBSCRIBER/CLIENT

* Patient Identification Code (PIC):

+

Additional Subscriber/Client Information

☒ Is this claim for a Baby on Mom's PIC?
 ☐ Yes
 ☐ No

☒ Does the subscriber have insurance other than Medicaid?
 ☐ Yes
 ☐ No

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CLAIM INFORMATION

Go to [Other Claim Info](#) to include the following claim detail information:
Specialized Line Services, Miscellaneous Line Data, Line Level Providers, Miscellaneous Line Dates, Test Results or Form Identification Information.

+

PRIOR AUTHORIZATION

+

CLAIM NOTE

+

EPSDT INFORMATION

☒ Is this claim accident related?
 ☐ Yes
 ☐ No

CLAIM DATAPatient Account No.: **+ Additional Claim Data**Diagnosis Codes: * 1: 2: 3: 4:
5: 6: 7: 8: [Top](#)**BASIC LINE ITEM INFORMATION**

Click on Other Svc Info in each line item to include the following additional line item information: Attachment, Drug, DMERC Condition, Health Services, Contract, Test Results, Home Oxygen Therapy, Service Facility, Miscellaneous Numbers, Indicators, Providers, Dates and Amounts, Medical Equipment, Ambulance Transport, Line Item Note, Other Payer, Spinal Manipulations, Purchased Services and Line Adjudication.

BASIC SERVICE LINE ITEMS

* Service Date From: To:
* Place of Service:
* Procedure Code: Modifiers: 1: 2: 3: 4:
* Submitted Charges: \$ Diagnosis Pointers: *1: 2: 3: 4:
* Units:

+ Prior Authorization**+ Additional Service Line Information**

Note: Please ensure you have entered any necessary claim information (found in the other sections on this or another page) before adding this service line.

Previously Entered Line Item Information

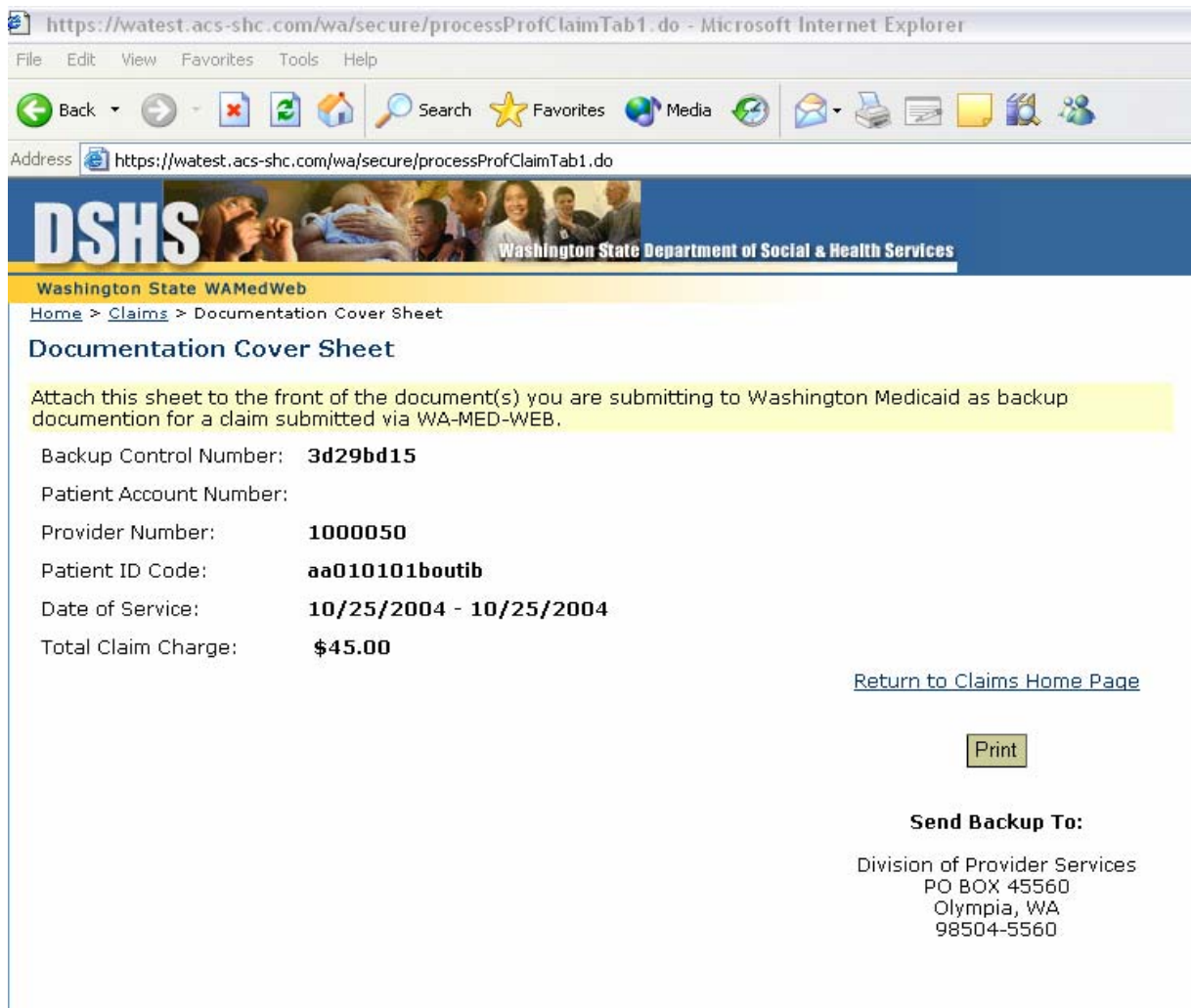
Click a Line No. below to view/update that Line Item Information.

Total Submitted Charges: \$0.00

Line No	Service Dates		Proc. Code	Modifiers				Diagnosis Pntrs				Submitted Charges	Units
	From	To		1	2	3	4	1	2	3	4		

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6. Select the **Add Service Line** Item button to add the claim line items if this was not already done in the template.
7. After you have completed all the appropriate fields and added your line items, select the **Submit Claim** button.



8. A **Documentation Cover Sheet** screen will be displayed. Print this sheet and attached it to any backup documentation that you may be sending to the Medical Assistance Administration. *This is only necessary if you are sending claim backup to MAA.*

9. Click on the [Return to Claims Home Page](#) link to begin your next claim.

Tips for Using WAMedWeb to Submit Claims

- Do not use decimal points in diagnostic codes.
- Do not use your Internet browser "Back, Forward or Refresh" buttons.
- Whole dollar amounts do not require decimal points.
- Date format required: *MM- two digit Month, DD- Two digit Day, CCYY- four digit year.*
- Use tab to move forward in the claim form.
- All questions in the form must be answered (or errors will be displayed)
Note: Some answers to questions asked on the form result in a prompt for additional information.
- Use the Help link on the upper right side of the WAMedWeb screens to access the on-line help manual.
- Use the  to expand or collapse sections of the claim form.
- Expanded sections with *** displayed next to the field *may* not require completion.